



Appendix D
KANSAS StormReady Application Form
National Weather Service
The StormReady Program:
Recognition For Hazardous Weather Preparedness

Date: _____
County/City/Town: _____
Population: _____

Emergency Management Point of Contact: _____
Title: _____
Phone: _____
E-Mail: _____

Secondary Point of Contact: _____
Title: _____
Phone: _____
E-Mail: _____

Criterion 1: Communications:
Location of 24-Hour Warning Point: _____

Location of Emergency Operations Center: _____

Criterion 2: NWS Information Reception:
NWS Warning Reception
Warning Reception Capabilities and Location (EOC, Warning Point or both)
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

List additional capabilities on a separate sheet, if necessary.

Criterion 3: Weather and Water Monitoring

Weather and Water Data Monitoring Capabilities and Location (EOC or Warning Point)

1. _____
2. _____
3. _____
4. _____
5. _____

List additional capabilities on a separate sheet if necessary.

Criterion 4: Local Warning Dissemination

Dissemination Means

1. _____
2. _____
3. _____
4. _____
5. _____

NOAA Weather Radio in Local Government Buildings with Public Access...

Local Government Owned Buildings With Public Access

<u>Building & Address</u>	<u>Radio Location</u>	<u>Tone Alert Radio</u>	<u>Comments</u>
		Yes No	
		Yes No	
		Yes No	
		Yes No	
		Yes No	
		Yes No	
		Yes No	
		Yes No	
		Yes No	
		Yes No	
		Yes No	

**** Attach Separate Sheet for Additional Space ****

Criterion 5: Community Preparedness

Number of Annual Safety Talks - Indicate Location, topic and presenter.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Other Community Preparedness Activities: (Activity, Location, Organizer)

List additional items on a separate sheet, if necessary.

Criterion 6: Administrative

Formal Hazardous Weather Operations Plan:

- | | |
|---|----------|
| > Procedure for real-time reporting of storm damage to local NWS: | Yes / No |
| > Spotter Activation Criteria: | Yes/No |
| > Local Warning Systems Activation Criteria: | Yes/No |

Spotter Roster And Training Record: Yes / No

Last Visit by Emergency Manager to NWS Office: _____

Last Visit by NWS Officials to Community: _____

Annual Exercise Topic and Date: _____

Last NWS Spotter Training for Spotters & Dispatchers: _____

Last NWS Spotter Training Hosted/Co-hosted (For populations >40,000): _____

List any further descriptions, narratives or documentation on a separate sheet, if necessary

 return application to your local National Weather Service Office, Meteorologist-in-Charge)

(Please

SUBMITTED BY:

(Signed)

Title

Date